| ·  |   |   |                                    |                                |                          |                                       |                   | Application or Docket Number |                    |                               |                     |                        |  |
|--|---|---|------------------------------------|--------------------------------|--------------------------|---------------------------------------|-------------------|------------------------------|--------------------|-------------------------------|---------------------|------------------------|--|
| ۴  | PATENT A  | O   | 16/661540                          |                                |                          |                                       |                   |                              |                    |                               |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                                    |                                |                          |                                       | SMALL ENTITY TYPE |                              |                    | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
| TC   | TAL CLAIMS  |   |                                    |                                |                          |                                       | RAT               | E F                          | EE                 |                               | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                       |                                | NUMBER EXTRA             |                                       | BASIC             | FEE 37                       | 5.00               | OR                            | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 20=                          |                                | *                        |                                       | X\$ 9=            |                              | OR                 | X\$18=                        |                     |                        |  |
| IND  | EPENDENT CL   | AIMS                                      | minus 3 =                          |                                |                          |                                       | X42=              |                              |                    | OR                            | X84=                |                        |  |
| MU   | LTIPLE DEPEN  | IDENT CLAIM P                             | RESENT                             |                                |                          |                                       | +140=             |                              |                    | OR                            | +280=               | ·                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                                    |                                |                          |                                       |                   | L                            |                    | OR                            | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |                                    |                                |                          |                                       |                   | LENT                         | 177                | OD.                           | OTHER               |                        |  |
|  |   | (Column 1)<br>CLAIMS                      |                                    | (Colur<br>HIGH                 | EST<br>BER<br>DUSLY      | (Column 3)                            | SMA               |                              | ADDI-              | OR                            | SWALL               | ADDI-                  |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                    | NUMI<br>PREVIO<br>PAID         |                          | PRESENT<br>EXTRA                      | RATE              | ETIC                         | ONAL<br>EE         |                               | RATE                | TIONAL<br>FEE          |  |
|  | Total   | . 14                                      | Minus                              | ¥ (O                           | 10                       | = .                                   | X\$ 9             | =\                           |                    | OR                            | X\$18=              |                        |  |
| AME  | Independent   | *   | Minus                              |                                |                          | -                                     | X42               | .   \                        |                    | OR                            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                    |                                |                          |                                       |                   | =                            | 1                  | OR                            | +280=               |                        |  |
| 2/20/04  |   |   |                                    |                                |                          |                                       |                   | TAL EE                       |                    | OR                            | TOTAL<br>ADDIT, FEE |                        |  |
| ت  | (Column 1) (Column 2) (Co   |   |                                    |                                |                          | (Column 3)                            | , , ,             |                              |                    |                               |                     | _                      |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY             | PRESENT<br>EXTRA                      | RATI              | TIC                          | ODI-<br>ONAL<br>EE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | . 14                                      | Minus                              | **~                            | 0                        | =                                     | X\$ 9             | =                            |                    | βR                            | X\$18=              |                        |  |
|  | Independent   | • 7                                       | Minus                              | *** &                          | 3                        |                                       | X42:              |                              |                    | OR                            | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |                                    |                                |                          |                                       |                   | =                            | 7                  | OR                            | +280=               |                        |  |
|  |   |   |                                    |                                |                          |                                       |                   | AL<br>EE                     |                    | OR                            | TOTAL<br>ADDIT. FEE |                        |  |
| _  | (Column 1) (Column 2) (Column 3)  |   |                                    |                                |                          |                                       |                   |                              |                    |                               |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY             | PRESENT<br>EXTRA                      | RATE              | TIO                          | DDI-<br>NAL<br>EE  |                               | RATE .              | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus                              | **                             |                          | =                                     | X\$ 9             | =                            |                    | OR                            | X\$18=              |                        |  |
|  | Independent   |   | Minus                              | ***                            |                          | L                                     | X42=              |                              |                    | OR                            | X84=                |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                    |                                |                          |                                       |                   |                              |                    |                               | +280=               |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                    |                                |                          |                                       |                   |                              |                    | OR                            | +280=               |                        |  |
| **   | f the "Highest Nur<br>If the "Highest Nu  | mber Previously Pa                        | aid For" IN THI<br>aid For" IN THI | S SPACE IS                     | s less tha<br>s less tha | n 20, enter "20."<br>in 3, enter "3." | ADDIT. F          | EE                           |                    |                               | ADDIT. FEE          |                        |  |
| •  | The "Highest Num  | ther Previously Pai                       | d For" (Total or                   | Independe                      | ent) is the              | e highest number                      | tound in the      | appropri                     | iate box           | ( in co                       | ໃນຕາກ 1.            |                        |  |